



Representative Sheldon Wasserman

Testimony Before the Assembly Committee on Transportation
In Support of Assembly Bill 2
January 31, 2008

Good afternoon, Chairman Petrowski and committee members. I appreciate the chance to testify in support of Assembly Bill 2 today.

Everyone has heard or read press reports about tragic incidents involving elderly drivers; some of you may have even seen the dramatic footage of the 82 year old man driving his minivan into the goal posts during a Stanley-Boyd High School football game in the Chippewa Falls area this past fall. Press accounts are not what motivated me to introduce this bill. Over the past eight years I have heard the opinions of ophthalmologists and optometrists, other medical professionals and citizens regarding Wisconsin law. With their input and in consultation with the Department of Transportation (DOT), I drafted the proposal before the committee today. AB 2 is based on the 2005 AB 43 and 2003 AB 575, which both passed the Committee on Transportation but never made it to the floor of the Assembly.

A few of you on the committee were here in 1997 when the driver's license renewal cycle for regular licenses was extended from 4 years to 8 years. While this extension is a convenience for Wisconsin drivers and a cost-saver for the State, it was a poor public policy decision.

Wisconsin is among just a handful of states with an 8-year or longer renewal cycle. It is the only one of these states without alternative provisions for older drivers. Twenty-five states have specific requirements for licensure renewals for the elderly. 17 of those states have shorter renewal periods for older drivers. Five states limit licenses to 2 years or less for the oldest drivers.

I believe that any person who is able to drive should be allowed to drive in Wisconsin. However, in looking at driving statistics it is clear that elderly drivers should be tested more often. As you can see from the charts, our oldest drivers have a higher accident rate per miles driven than nearly every other age group except for teenagers, and they have a higher fatality rate per miles driven than all other age groups, including teenagers.

AB 2 aims to strike a balance between the public's interest and older citizens' driving privileges, in a way that I hope will increase roadway safety.

The bill stipulates that drivers between the ages of 75 and 84 would have to come into DOT and pass a free vision test or submit the results from a doctor's exam every three years. Failure to do so results in cancellation of their license.

And under AB 2, drivers 85 years and older would be required to come into DOT every two years and pass both a vision and knowledge test. Failure to do so results in cancellation of their license. Road skills tests are not required for older citizens under the proposal, which includes a provision encouraging DMV to restrict, rather than rescind the licenses of older drivers who have trouble passing the eye and written exams. All the tests required under the bill are free. Nothing in the legislation would end up costing seniors more.

As a physician, I am well aware of the challenges that the aging process presents. 47% of all people age 85 and over have some form of dementia. Many individuals as they grow older are unknowingly experiencing its adverse affects, or the side affects of medication. Our population continues to age at an increasing rate, and it is vitally important that we take steps to monitor elderly citizens' driving abilities. State government has addressed concerns regarding younger drivers by implementing a graduated driver licensing law. My legislation focuses on the opposite end of the age spectrum.

This proposal has been supported by the AARP, the Coalition of Wisconsin Aging Groups, the Wisconsin Medical Society, the Wisconsin Academy of Ophthalmology, and the Alzheimer's Association Chapter Network of Wisconsin. Others support the concept, but believe the legislation should be stronger. AB 2 is the result of bipartisan, public-private collaboration of individuals and groups genuinely concerned with the safety and welfare of elderly drivers. I want to thank all of those involved in getting us to this point.

As you will hear from others testifying today, reports to the DOT regarding unsafe drivers cannot be anonymous, which raises doctor-patient confidentiality issues and potential family conflicts. Physicians and family members are understandably reluctant to report unsafe older drivers.

This is a contentious issue, and I know that there are some that do not like my bill. In introducing this legislation I am not trying to unfairly single out older people. As I said earlier I think that any person who is able to should be permitted to drive and I have the utmost respect for senior citizens. However, an eight year renewal period is too long when we are dealing with older drivers.

Under current law, drivers required to take a road skills test pay \$15 to take up to three driving skills test. My bill would reduce this fee to \$13, but apply the fee for each driving skills test administered. This will cover the additional costs to DOT for providing the free tests that are required under my bill.

My proposal also addresses the current shortage of transportation options for older people. Under the bill DOT would issue a report on the effects of the new licensing requirements on highway safety, including the impact on elderly crash rates, violation rates and loss of driving privileges. DOT would also appoint an advisory council to study the effects of aging on driving ability, and to examine new and existing modes of alternative transportation.

Thank you for your time and consideration. I am happy to answer any questions you may have.



J.A. HINES

STATE REPRESENTATIVE • 42ND ASSEMBLY DISTRICT

**Testimony Before the Assembly Committee on Transportation
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January 31, 2008**

Good morning, Chairman Petrowski and committee members. I appreciate the chance to testify in support of Assembly Bill 2 today. I also want to thank Rep. Wasserman for his hard work and leadership on this issue and I'm honored to join him this morning.

As legislators, we regularly testify on our bills, but it's not very often that a bill will have such a direct impact on us as AB 2 will have on me. I'll be 81 in May and I realize this bill will require me to provide a little more proof I am still fully capable of handling a vehicle, and I'm okay with that.

I can tell you firsthand that when you reach this age your health and abilities change a lot more from year to year than they did when I was 25, 45, or even 65. There is no harm in having seniors tested more often once we reach this stage in life. Statistics show us that Wisconsin's oldest drivers have a higher accident rate per miles driven than nearly every other age group except for teenagers.

In addition, I've seen friends who shouldn't be driving and it is hard for anyone to tell a senior they give up their keys. Driving has become such a symbol of freedom and independence to us. The State of Wisconsin cannot rely on friends, children, siblings or doctors of seniors to convince them the time has come to stop driving. There needs to be a legal mechanism and AB 2 is the right one.

Wisconsin is among just a handful of states with an 8-year or longer renewal cycle. It is the only one of these states without alternative provisions for older drivers. Twenty-two states overall have licensure renewal limits that are unique to the elderly.

AB 2 aims to strike a balance between the public's interest and older citizens' driving privileges, in a way that I hope will increase roadway safety.

Having drivers between the ages of 75 and 84 come into the DMV and pass a free vision test or submit the results from a doctor's exam every three years is not a hardship. It may be an inconvenience but a necessary one to ensure safety.

The same is true for having drivers 85 years and older being required to come into DVM every two years and pass both a vision and knowledge test. It may be an inconvenience, but it is a lot better than the potential tragic consequences that could result if we don't pass this legislation.



I strongly urge the committee to join Rep. Wasserman and me in supporting Assembly Bill 2 and passing it as written, without amendments.

Thank you again for your time and consideration.

From January 26, 2007 Milwaukee Journal Sentinel

Editorial: Road safety first

From the Journal Sentinel *Posted: Jan. 26, 2007*

Passing a law to retest older drivers isn't one of the most popular things the Legislature can do, but even advocacy groups for older Americans agree it's needed.

It started, Sheldon Wasserman says, when an ophthalmologist approached him at his son's soccer game. The doctor told Wasserman - a physician himself and a Milwaukee Democratic legislator - he was worried because even though many of his older patients had failing eyesight, they didn't want anyone - especially their families - to know because they didn't want to lose their driver's licenses. Some threatened to sue the doctor for violation of privacy if he revealed the results of their vision tests.

The only solution, the eye doctor told Wasserman, was for Wisconsin to require older drivers to be retested, as more than 25 other states already do. So Wasserman again has introduced a bill that would require drivers ages 75 to 84 to have their vision tested every three years. Those 85 and older would have to take vision and written knowledge tests every two years.

For the good of everyone, especially older drivers, Assembly Bill 2 must be approved. Except for teens, older drivers have more accidents per miles driven than any other age group, state figures show.

AARP Wisconsin, the Coalition of Wisconsin Aging Groups and the Alzheimer's Association of Wisconsin worked closely with Wasserman to craft the measure to make sure it's fair.

It is. There is no fee for the vision or written tests, moving violations do not trigger road tests for older drivers, as originally proposed, and the state Department of Transportation may consider issuing restricted licenses in some cases for such things as driving during certain hours or on certain sparsely traveled rural roads. Also included: key studies to determine better ways for seniors to get around and the law's impact.

It's only natural for older drivers to fear losing their licenses. After all, we live in a highly mobile society, and being able to drive helps people remain independent. But the aim of this bill isn't to keep older drivers off the road but to keep them safe.

For more information about older drivers, go to www.aarp.org/research/housing-mobility/transportation and scroll down to "Older Drivers and Automobile Safety."

From the Jan. 27, 2007 editions of the Milwaukee Journal Sentinel
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Test older drivers to ensure safety

A Wisconsin State Journal editorial
February 3, 2007

Wisconsin lawmakers should adopt a proposal to require older drivers to take more frequent vision and written tests to retain their licenses.

The proposal is a sound attempt to save lives by ensuring that drivers 75 and older continue to meet standards for eyesight and traffic safety knowledge during a time when sight and mental acuity can deteriorate rapidly.

Most older drivers are perfectly safe behind the wheel. In fact, older drivers are less likely to speed, tailgate and drive drunk than younger drivers.

However, some older drivers, because of problems related to aging, pose a danger to themselves and anyone else on the road.

Wisconsin generally allows drivers to keep a license for eight years before a renewal is required, so drivers with diminished abilities can remain on the roads for years without submitting to testing.

Dangerous older drivers drive up the crash rate in older age groups. Nationwide, for drivers 85 and over, the fatality rate per miles driven reaches nine times the rate for drivers in the 25-69 age categories, according to National Highway Safety Administration data.

In Wisconsin, drivers 81 and older have a higher accident rate per miles driven than any other age group except the youngest drivers, according to data analyzed by the Associated Press.

Wisconsin has already addressed the youngest drivers by adopting a graduated licensing program that has reduced the number of fatal accidents involving teenage drivers. Now it is time to address the other high-risk category older drivers.

Assembly Bill 2 does just that by improving the state's ability to identify older drivers with diminished abilities before it's too late. The bill would require drivers from 75 to 84 years old to renew their licenses every three years by having their vision tested.

Drivers 85 and older would be required to have a vision test and take a written knowledge test every two years to retain their licenses.

No fee would be charged for the tests.

The bill allows the state Transportation Department to issue restricted licenses when it makes sense to limit a driver to daylight hours or sparsely traveled roads.

Regrettably, the bill's sponsors removed a provision calling for road testing older drivers cited for moving violations. In the future, lawmakers should require more frequent on-road testing of skills for all older drivers, to go along with vision and knowledge testing.

The provisions of AB 2 would cost \$157,000 for the 2007-08 fiscal year and \$288,649 in the 2008-09 fiscal year, including money for a study of whether the changes reduce crashes.

That's a small price to pay for improved safety.

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ASSEMBLY COMMITTEE ON TRANSPORTATION 1-31-08 HEARING

Thank you, Chairman Petrowski, Members of the Committee for this opportunity to speak in favor of Assembly Bill 2. I'm Rob Gundermann, Public Policy Director for the Wisconsin Alzheimer's Association Chapter Network.

There are over 100,000 people in Wisconsin living with dementia and at least 70% of these people still live at home. The most recent statistics I could find are for 2001 and they show over 45,000 licensed drivers in Wisconsin over the age of 85. Studies show that 47% of people over the age of 85 also have some form of dementia.

Because the progression of dementia varies from person to person, it is difficult to know at what point an individual can no longer drive safely. However, studies show that Alzheimer's patients in the early stages and even in the moderate stages of the disease can still be safe drivers. Unfortunately, most dementia, including the Alzheimer's type is progressive, meaning that symptoms such as memory loss, visual-spatial disorientation, and decreased cognitive function will worsen over time.

By setting 16 as the minimum legal age to drive, we are saying that there is a minimum standard necessary to operate a motor vehicle. Clearly we expect a minimum level of physical and mental competency from people operating motor vehicles. Accident data for people in the 85 and over group suggests that there may be some change taking place in physical and/or mental capacity that affects driving. According to the National Highway Traffic Safety Administration, drivers ages 85 and older have higher crash-death rates per mile driven than all but teen drivers. According to the same report, three-fourths of traffic fatalities involving older drivers involved another vehicle as well. Older drivers injured in motor vehicle crashes are also more likely than younger drivers to die from their injuries according to a 2001 report by the Insurance Institute for Highway Safety.

I would just like to leave you with one thought about the current system. If I were diagnosed with Alzheimer's disease today, and then went out and renewed my license, I would have a valid license for 8 more years. Eight years is a very long time in the progression of Alzheimer's disease. Even assuming I was diagnosed in the early stages, after eight years I may no longer recognize family and friends. I may no longer be able even to feed myself. But I would still have a valid license to drive an automobile, unless someone had reported me and the DOT had taken action.

Thank you for your time and consideration.

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January 31, 2008

To: Members of the Assembly Committee on Transportation

From: Gail Sumi, State Issues Advocacy Director – 286-6307

Re: AB 2, related to operator's license requirements for certain drivers

Thank you for the opportunity to testify in support of Assembly Bill 2, related to driver's license requirements for drivers 75 years and older. Thanks also to Representatives Wasserman and Petrowski for working toward a compromise during the last legislative session. That compromise is represented in Assembly Bill 2.

This proposal is about trying to find a balance between independence and safety. You have in front of you a comparison of the original bill, 2003- 2004 AB 575, and the compromise, represented in AB 2.

It is important to point out that under current law and regardless of the driver's age, WisDOT relies on referrals from health professionals, law enforcement officers, or people with personal knowledge of a person's driving to identify potential at-risk drivers. Adding eye exams and a written test provides the Department with additional tools to provide for safety. WisDOT currently grants restricted driver's licenses and will also do so under the provisions of this bill. Accommodations can and will be made when and if appropriate.

Included in your packet is a publication called "Conversations with Older Drivers," researched and printed by the Hartford with AARP's support. As you look through "Conversations" note that the decision to give up your keys is often an emotional decision. It is about the independence that driving affords you – the ability to go when and where you want.

The executive summary of a 2004 report "Stranded without Options" is also in your packet. The report shows that "more than one in five Americans age 65 and older do not drive." Social isolation has consequences: "older non-drivers make 15% fewer trips to the doctor; 59% fewer shopping trips and visits to restaurants and 65% fewer trips for social, family and religious activities."

Because we are cognizant of the need for alternatives, AARP Wisconsin, along with a coalition of many other organizations was successful in the 2005-07 state budget in lobbying for additional funding for the elderly and disabled transportation aids appropriation. It is important to stress that even with the increased funding, this program continues to be underfunded. We estimate that it serves about 10% of the people that need transportation alternatives. We will continue to focus on funding for this program and make sure it is adequate so that people are not "stranded without options" and we urge your support.

Thank you for your consideration.

Comparison - Proposed Wisc. State Legislation Related to Drivers 75 & Older
(AB 43 in the 2005-06 legislative session.)

As Introduced in 2004 (AB 575)	After the Compromise (AB 2 in 2007)
<p>75 to 95 years</p> <ul style="list-style-type: none"> - License expires every two years (\$2 fee per year totaling \$18 more than current fee of \$24) - Must pass a vision and written test to renew 	<p>75 to 84 years</p> <ul style="list-style-type: none"> - Must pass a vision test every three years - Can be administered for free at the Division of Motor Vehicles or at your own Doctor's office <p>85 years and older</p> <ul style="list-style-type: none"> - Must pass free written test and vision test every two years
<p>95 years and older</p> <ul style="list-style-type: none"> - License expires every year - Must pass vision & road skills test to renew 	<p>95 years and older</p> <ul style="list-style-type: none"> - No additional requirements
<p>75 years and older</p> <ul style="list-style-type: none"> - Moving violation triggers road test 	<p>75 years and older</p> <ul style="list-style-type: none"> - Moving violation does NOT trigger road test
<p>Fees</p> <ul style="list-style-type: none"> - paid on a per-year basis (\$2 fee per year totaling \$18 more than current fee of \$24) — - Regardless of age you pay for each time you take the road test (currently everyone pays \$15 and gets three tries – the second and third try are “free”) 	<p>Fees</p> <ul style="list-style-type: none"> - Vision and written tests are free - Regardless of age you pay \$13 each time you take the road test. (Under current law everyone pays \$15 and gets three tries – the second and third try are covered under the initial fee.) Over 90% of people pass the test the first time around.
<p>License Renewal</p> <ul style="list-style-type: none"> - Every two years at 75 years of age and every year at 95 years of age 	<p>License Renewal</p> <ul style="list-style-type: none"> - Remains at the current eight years regardless of age
<p>Study</p> <ul style="list-style-type: none"> - No provision for a study 	<p>Study</p> <ul style="list-style-type: none"> - The WisDOT is required to convene a council to study available alternative transportation modes in Wis. with a report due in 2 years. - The WisDOT is required to study the impact of the new law on driving statistics with a report due within 5 years after enactment.

As of May, 2007. Questions call Gail Sumi, AARP Wisconsin, 608-286-6307, gsumi@aarp.org

Questions Families Need to Ask About Older Drivers

Accidents involving older drivers often call attention to the issue of older adults and driving safety. The facts alone may seem confusing. Statistics actually indicate that most older adults are safe drivers, with high safety belt use and few citations for speeding, reckless driving or alcohol-related charges. However, medical conditions, medication usage and reduced physical function can increase the risk of accidents and injury among older adults. Factor in the sense of independence that driving represents for older adults, and you can understand why driving safety for older adults is an emotionally charged topic.

The Hartford Financial Services Group, Inc., and the MIT AgeLab developed this guide to help families initiate productive conversations with older adults about driving safety. These suggestions are based on a nationally representative survey of drivers over the age of 50, focus groups with older adults who have modified their driving, and interviews with family caregivers of persons with dementia.

Crafting Caring Conversations

When families discuss driving issues, they must assess the personality of the older driver, driving record, availability of transportation resources, geographic proximity, and long-term family relationships. The following questions and answers can help you assess your family situation and have meaningful conversations about older driver safety.



Are older drivers at risk?

**For older drivers,
the rate of fatalities
increases slightly
after age 65 and
significantly after age 75.**

**This higher rate
is due to the
increased inability
to withstand
the physical trauma
that often
occurs with age.**

As a group, older drivers are typically safe. The actual *number* of accidents involving older drivers decreases as age increases. Experts attribute this decline to self-imposed limitations, such as driving fewer miles and avoiding night driving, rush-hour traffic and other difficult conditions. Therefore, sharing the roadways with older drivers poses a relatively low risk to other drivers.

However, older drivers, especially after age 75, have a higher risk of being involved in a collision for every mile they drive. The rate of risk is nearly equal to the risk of younger drivers age 16 to 24. The rate of fatalities increases slightly after age 65 and significantly after age 75. This higher rate is due to the increased inability to withstand the physical trauma that often occurs with age. Although older persons with health issues can be satisfactory drivers, they have a higher risk of injury or death in an accident, regardless of fault.

These statistics can help you see the risk for older drivers; however, the decision to limit driving depends on each individual. Each family must ask, "Is my older relative safe?" Ongoing discussions and objective assessments will help older drivers and their families evaluate the risks in their unique situations.

Do family conversations make a difference?

Of the older adults surveyed who reported that someone had talked to them about their driving, more than half said they listened to and followed the suggestions of others.

Yes. What you say or don't say influences the decisions of older adults and can make the difference between safety or injury – life or death.

Although unsafe driving may be an uncomfortable subject, these ongoing conversations over time will help older adults weigh decisions and agree to drive less, avoid certain road conditions or stop driving. Of the older adults surveyed who reported that someone had talked with them about their driving, more than half said they followed the suggestions of others. Women generally complied more readily than men.





When faced with a discussion about driving abilities, with whom do older adults choose to talk?

Marital status is a significant factor that determines who should have the conversation with the older driver. The top choice of married drivers (50 percent) is to hear about driving concerns first from their spouses.

Hearing sensitive information from the right person can make a big difference. To increase the chances of success, carefully select the person who will initiate the discussion and have others reinforce decisions about driving. Older adults typically prefer to speak confidentially about driving safety with someone they trust. Often family members can form a united front with doctors and friends to help older drivers make good driving decisions.

When choosing a family member to initiate the discussion, consider the personalities involved and past experience approaching difficult topics. Some families mistakenly assign the most outspoken or authoritative member to deliver their concerns as an ultimatum. Such persons are not ideal to open the early discussions on driving, but may better serve as the enforcer of driving decisions.

The Hartford/MIT survey indicates that older drivers have specific preferences for these conversations that vary based on several factors, such as marital status, gender, health and presence of other supportive individuals. Marital status is a significant factor that determines who should have the conversation with the older driver. The top choice of married drivers (50 percent) is to hear about driving concerns first from their spouses. Older drivers living alone prefer to have these conversations with their doctors, adult children or a close friend. Let's look more closely at each of these groups.

Spouses

Men prefer to hear from a spouse slightly more than do women. Spouses have the advantage of observing driving over time and in different situations, as well as years of experience in dealing with sensitive topics and each other's limitations. Not all married couples choose their spouses for this conversation. More than 15 percent of older men and women said their spouses were their *last* choice for hearing about driving concerns, reinforcing the importance of assessing individual preferences before having conversations about driving.

Doctors

Outside of the family, the opinions of doctors are often valued by older drivers. About 27 percent of those living with spouses and over 40 percent of those living alone said they want to hear first from their doctor. Many older adults think that physicians can precisely determine their ability to drive safely. And people who have health problems are more likely to listen to the advice of a doctor about driving.

However, not all doctors agree that they are the best source for making decisions about driving. Physicians may not be able to detect driving problems based on office visits and physical examinations alone. They can assess diminished visual, cognitive and motor skills, or refer the driver to an assessment program for evaluation.

This referral may avoid unnecessary conflict when the doctor, family members, and older driver have differing opinions. Family members should work with doctors and share observations about driving behavior and health issues to help older adults make good driving decisions.

Adult Children

Adult children seem to have more influence with parents over 70 than with younger parents in their 50s and 60s. These differences often correlate to health changes and shifts in parent-child relationships later in life. Older drivers also tend to be more open to adult children who live nearby.

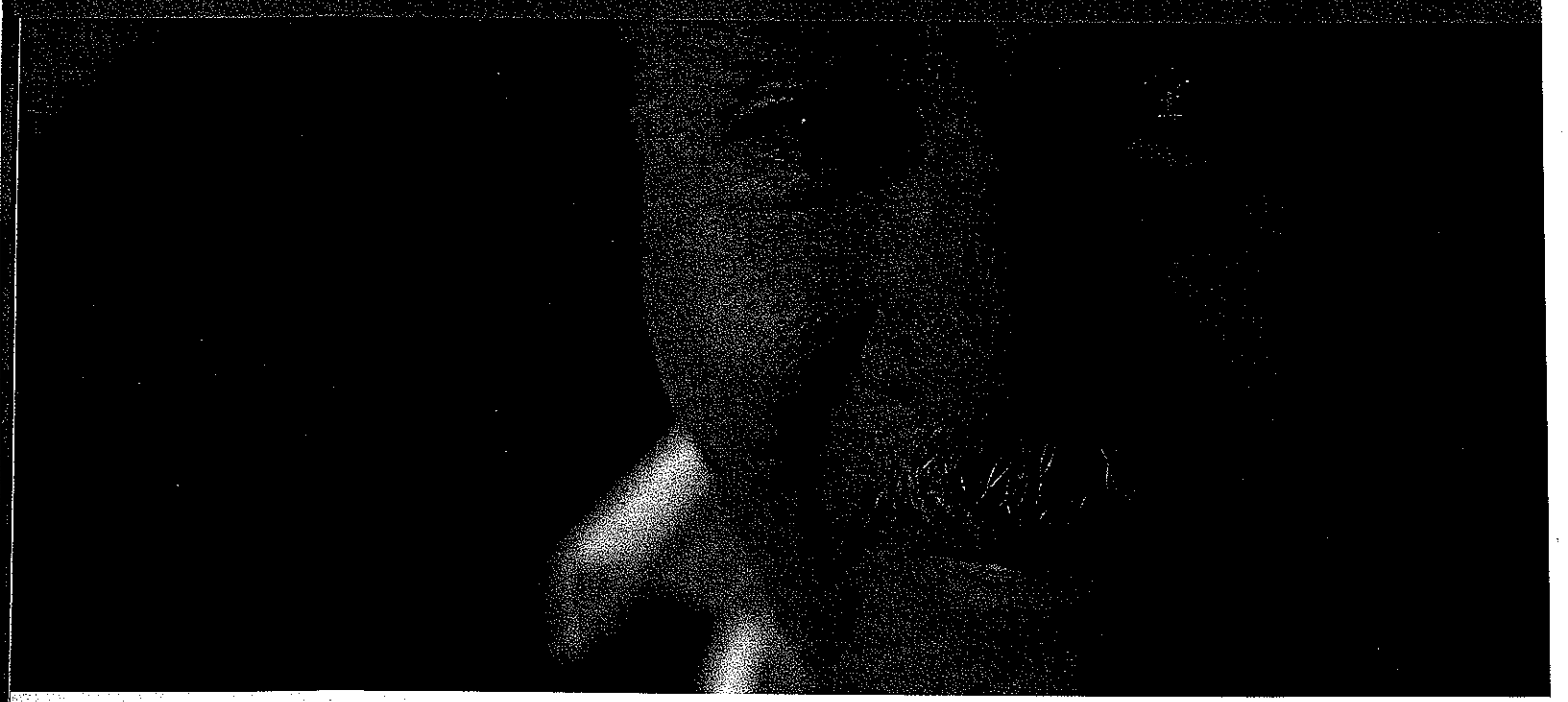
Women are generally more receptive than men to the prospect of hearing from their adult children. Men are slightly more inclined to choose sons over daughters, while women are more likely to choose daughters. Among individuals living alone, almost one third said they would prefer to hear about unsafe driving from their adult children, while nearly 15 percent of men and women living alone ranked their children as the *last* ones from whom they want to hear about driving.

Other Supportive Helpers

Persons other than spouses and adult children may influence driving decisions. Some older adults would be open to hearing from a close friend, a sibling, or an adult child's spouse. Approximately 10 percent of older drivers living alone said they would choose a close friend to initiate the driving conversation. These preferences most likely reflect the quality of their relationships.

Police Officers

More than anyone else, older adults *strongly* prefer not to hear about driving concerns from police officers. While some older adults may not welcome families talking about their driving, they still find it preferable than hearing from police. However, police intervention may be necessary in situations where an older driver is unsafe and unwilling to curtail driving.



How will the older person react to questions about his or her driving?

Older adults may agree with the assessment of their driving ability but feel depressed at the thought of relinquishing driving privileges.

Older drivers may express strong emotions when someone talks to them about their driving. Nearly one-fourth of older adults reported feeling sad or depressed as a result of the conversation. Less than 10 percent reported responding with anger. Older adults in poor health are more likely to have negative reactions. They may even agree with the assessment of their driving ability but feel depressed at the thought of relinquishing driving privileges.

Negative reactions are often more about the message than the messenger. Older adults understand the implications of driving cessation:

- Fewer trips outside the home.
- Increased and permanent dependency on others for transportation.
- Becoming a burden to others.
- Fewer social opportunities.

Families also experience strong emotions. Sometimes family members themselves become angry and frustrated, while others feel guilty for depriving their loved one of the freedom of driving. A calm response will ensure a productive discussion and defuse negative emotions about the topic. Do not postpone the conversation because of fear or guilt. Be prepared to have several conversations to achieve your goal. It is more important to avoid accidents or death than to avoid unpleasant topics.

When is it a good time to begin talking about driving?

Early, occasional and candid conversations establish a pattern of open dialogue and can reinforce driving safety issues without the strain of asking someone to change his or her driving behaviors.

Ideally, the first conversations about safety should occur long before driving becomes a problem.

Early, occasional and candid conversations establish a pattern of open dialogue and can reinforce driving safety issues without the strain of asking someone to change his or her driving behaviors. Discussion at this point allows time for the older adult to consider his or her driving skills and make appropriate modifications. Here are some conversation openers:

"Health and safety first."

When driving is placed within the larger context of other safety concerns, it may take the personal edge off the conversation.

"Driving isn't what it used to be."


Family members of any age can find common ground by talking about road conditions, such as faster, heavier traffic that make driving more stressful. Restricting driving in order to compensate for worsening driving conditions makes sense for everyone, not just someone who may need to compensate for declining abilities.

"Did you hear about the car accident in the news today?"

Use news reports to inform, not scare, older persons. Headline news about accidents that involve older and younger drivers can provide an opportunity to explore your family member's attitudes about unfit drivers and the question of who is responsible for helping them decide when to relinquish the keys.

"How did Granddad stop driving?"

This opener may provide an opportunity to reveal personal feelings about driving and family intervention.



What circumstances create opportunities for conversations about driving restrictions?

According to our survey, car accidents, near misses, self-regulation of driving, and health changes provide opportunities to talk about driving skills.

According to our survey, car accidents, near misses, self-regulation of driving, and health changes provide opportunities to talk about driving skills. Many older adults think that family members *should* talk to them when a potential problem arises. Here are suggestions for starting frank discussions without sensationalizing difficult circumstances:

"I'm glad that you've cut down on night driving. I would never want you to drive when you're not comfortable or feel that it's too risky."

When adults modify their driving in small ways without guidance from others, families should praise self-regulation as a positive step and not discourage the driver's actions. For example, don't dismiss the older adult as a worrier and discourage the driver who is limiting night-driving by leaving a family gathering before dark. Be supportive and express your willingness to support their transportation needs.

"Have you asked your doctor about the effects of your new medication on your driving?"

Many medications have sedative effects that can prevent a person from processing

information quickly. About 75 percent of older adults think that a significant change in their health is a legitimate reason to have a discussion about driving.

"That was a close call yesterday. I worry about your safety on the road."

Fifty percent of older adults said that having a serious accident is an opportunity to start a conversation, while about 33 percent said a minor accident or narrowly avoiding an accident should trigger a conversation. In situations where the older driver was not at fault, families might want to discuss diminishing ability to drive defensively. In all cases, these discussions are more productive if they are *not* held at the accident scene.

"I'm worried about your getting lost."

Almost 70 percent of older adults say that getting lost while driving could be cause for conversation. Getting lost in a *familiar* place may suggest potentially serious cognitive health issues that could affect driving skills. This may also be a good time to get a doctor involved in the discussion.

How do I prepare for serious conversations about limiting or stopping driving?

Learn about the warning signs of driving problems, observe the older driver behind the wheel over time, discuss your concerns with a doctor, investigate alternative transportation, and be supportive of the older driver.

Do your homework before you ask a family member to significantly restrict or stop driving.

Get the facts. Learn about the warning signs of driving problems, observe your relative's driving, and look for patterns of warning signs of future problems. In focus groups, people reported being more willing to listen to those who had driven with them. See the Warning Signs for Older Drivers on page 16.

Observe the older driver behind the wheel over time. Has the driver expressed personal concerns about driving safety? Is the older driver limiting where and when he or she drives?

Discuss your concerns with a doctor and determine what information you need to provide, given your relative's medical condition. Some doctors may take an active role in assessing a driver's skills and rendering an opinion; others will refer a concerned patient to a driving rehabilitation specialist for assessment.

Investigate the alternatives for helping an older driver adjust to driving limitations. Consider how to satisfy social and transportation needs when the older adult curtails or ceases driving. The "Getting There" Worksheet on page 17 can help you assess driving alternatives so that the older adult is not left house-bound. The Transportation Cost Worksheet on page 19 can help you calculate the current amount being spent on transportation. Relatives may need to set aside time each week to meet the transportation needs of an older relative. Consider increasing the frequency of visits, outings, phone calls, letters, and e-mails.

Be Supportive. The transition from driver to passenger is not always easy or smooth. Your support and understanding is necessary before, during and after driving changes are made.

Expect to have several conversations to achieve a balance between safety and independence. Men may require more repeat conversations than women. Don't be dissuaded by initial negative reactions. During each conversation, share your genuine safety concerns and desire to protect the driver's best interests.

How can I encourage an older adult to plan for and use alternative transportation?

Effective conversations encourage future planning and show respect for the older adult's ability to make appropriate decisions.

Effective conversations encourage future planning and show respect for the older adult's ability to make appropriate decisions. When you observe the older person modifying his or her driving habits, use these opportunities to explore transportation options together to give the older adult time to adjust to them.

"If you don't want to drive at night, we can arrange for someone to pick you up." Commend the older driver for being cautious and help arrange transportation.

"Let's take the bus so we don't have to deal with the parking downtown." Practice using public transportation together before it becomes a necessity. Remember that public transportation may be difficult or impossible to use for some older adults with physical or cognitive difficulties who must limit their driving. In these cases, families are often the first and only alternative transportation.

"You could save hundreds of dollars if you sold your car." Insurance, maintenance, depreciation, and gasoline costs make owning and operating a car expensive. Even taxi services, which provide door-to-door service, can be more economical. Refer to the Transportation Cost Worksheet on page 19 to understand the costs of driving alternatives.

"What if something happened and you couldn't drive? What would you do?" Ask what-if questions to encourage advance planning.



What if an older driver doesn't realize that his or her driving is a serious problem?

If driving skills continue to deteriorate after self-imposed restrictions, it is necessary to have follow-up conversations. Additional conversations with family members, doctors or law enforcement officials may be necessary.

If driving skills continue to deteriorate after self-imposed restrictions, it is necessary to have follow-up conversations. Additional conversations with family members, doctors or law enforcement officials may be necessary. Here are some more direct appeals to help persuade a high-risk driver:

"Even if you were not at fault in a collision, you could be seriously injured or die."

Regardless of who is at fault, older adults are more likely to be injured or killed because they have less capacity to endure the physical trauma of an accident. Pre-existing medical conditions may complicate recovery or result in death.

"I know you would feel terrible if someone was hurt when you were driving."

Concern for others is often a stronger motivation than concern for self. In addition to

physical harm to others, an accident can pose enormous financial and legal risks. Families should tactfully mention this possibility, but not dramatize the point.

"I'm afraid to let the grandchildren ride with you."

An older relative may realize the degree of concern when family members will not ride with them. Protecting lives is more important than protecting feelings.

"Let's talk with your doctor about this."

Blame the poor health, not the driver. Preferably, find out the doctor's opinion before suggesting this step. The doctor might not agree with the family's assessment nor want to assume the role of determining who should drive.



Is there a test that can determine if someone is a safe driver?

There are tests for reflexes, vision, flexibility, and visual attention – all critical skills for driving. Some older adults prefer assessments that give them tips on being a better, safer driver.

There is no single, simple test to determine if someone is a safe driver. However, there are tests for reflexes, vision, flexibility, and visual attention – all critical skills for driving. A doctor may refer the driver to a qualified specialist for an assessment of driving skills. These tests last several hours and often include a road test with an evaluator present.

Administered by rehabilitation centers, hospitals, and Veterans Administration Medical Centers, these tests can cost from \$200 to \$1,000 and are seldom covered by insurance or Medicare. The Veterans Administration may offer free tests for eligible veterans.

A formal assessment may seem threatening to an older driver, especially if it is either pass or fail. Some older adults prefer assessments that give them tips on being a better, safer driver.

Drivers who pass the test will receive recommendations on improving skills, avoiding certain driving situations, useful equipment (e.g., wide range mirrors, pedal extensions), and an interval for re-testing. The results are shared with the driver and possibly with the driver's physician, if requested. Results are not shared with a licensing authority unless so ordered by the court.

What if the driver has dementia?

**Families should
be vigilant
about observing
driving behavior.**

**Firsthand knowledge
of driving behavior
will help families
know if and when
they need
to intervene.**

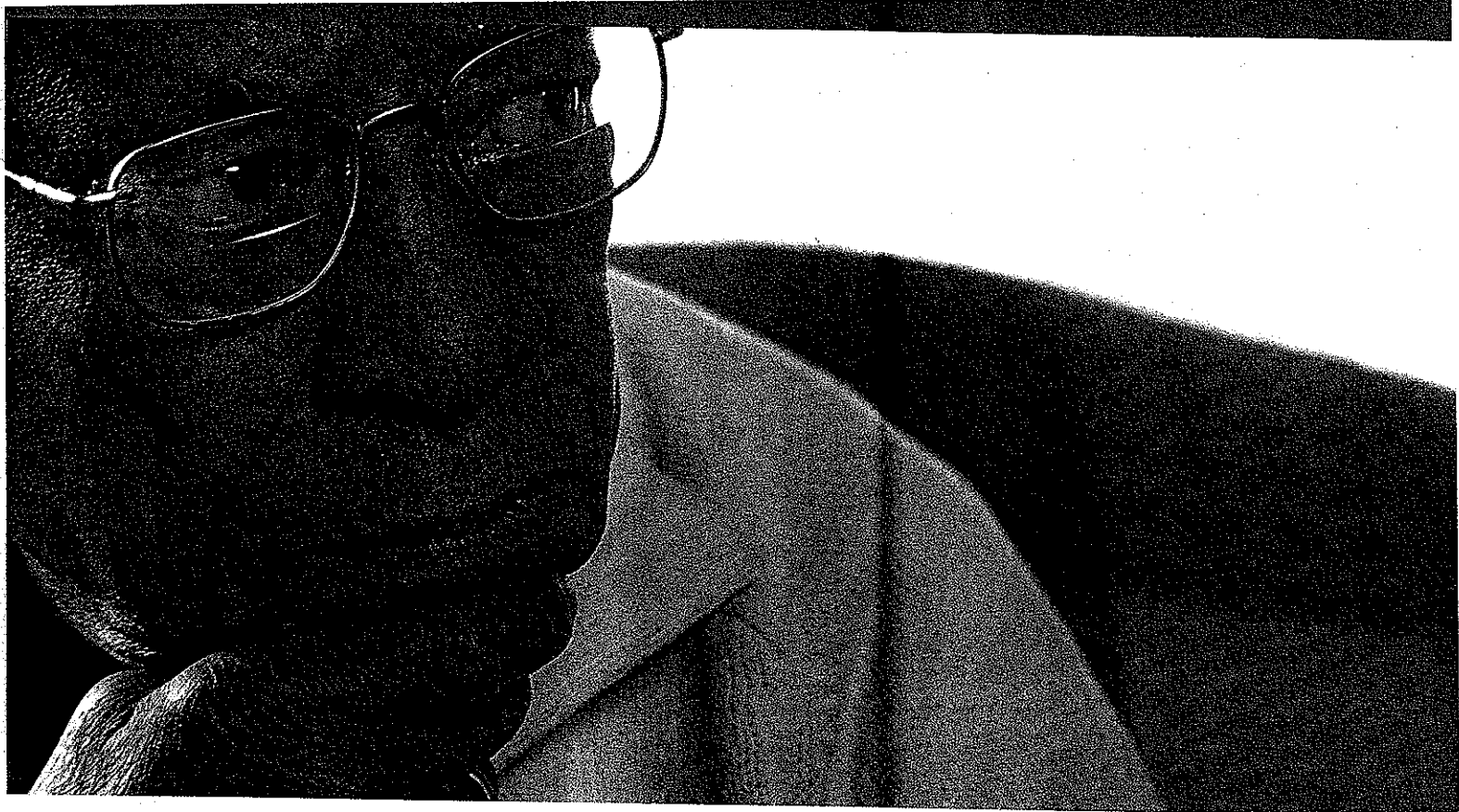
Some persons in early stages of dementia may have sufficient insight into their driving abilities to make adjustments. They should be given the opportunity to make decisions about driving, if safety is not compromised.

Over time, such individuals will become incapable of accurately assessing their driving skills. In progressive dementia, the disease will eventually rob the driver of skills necessary for safe driving. In these cases, families and doctors must collaborate to protect the individual and may need to take immediate unilateral action.

Families of persons with dementia may not realize that getting lost in familiar places is a serious warning sign. Persons who are confused and forgetful may also lack the ability to respond appropriately to ever-changing road conditions.

Families should be vigilant about observing driving behavior. Firsthand knowledge of driving behavior will help families know if and when they need to intervene. For more information on this topic, see *At the Crossroads: A Guide to Alzheimer's Disease, Dementia and Driving* (www.thehartford.com/alzheimers).





What if a high-risk driver refuses to stop driving?

You may have to consider disabling the car, filing down the keys, or removing the car, and speaking with the driver's doctor to schedule a formal driving assessment.

Some older drivers will not respond to constructive conversation. You may have to consider disabling the car, filing down the keys, or taking away the car. Some older drivers, however, find ways to work around these actions, such as calling a mechanic and having a disabled car repaired. Strategies, such as not renewing a driver's license, or canceling registration or insurance, alone may be ineffective. Remember, drivers may continue to drive without a driver's license, car registration or insurance coverage.

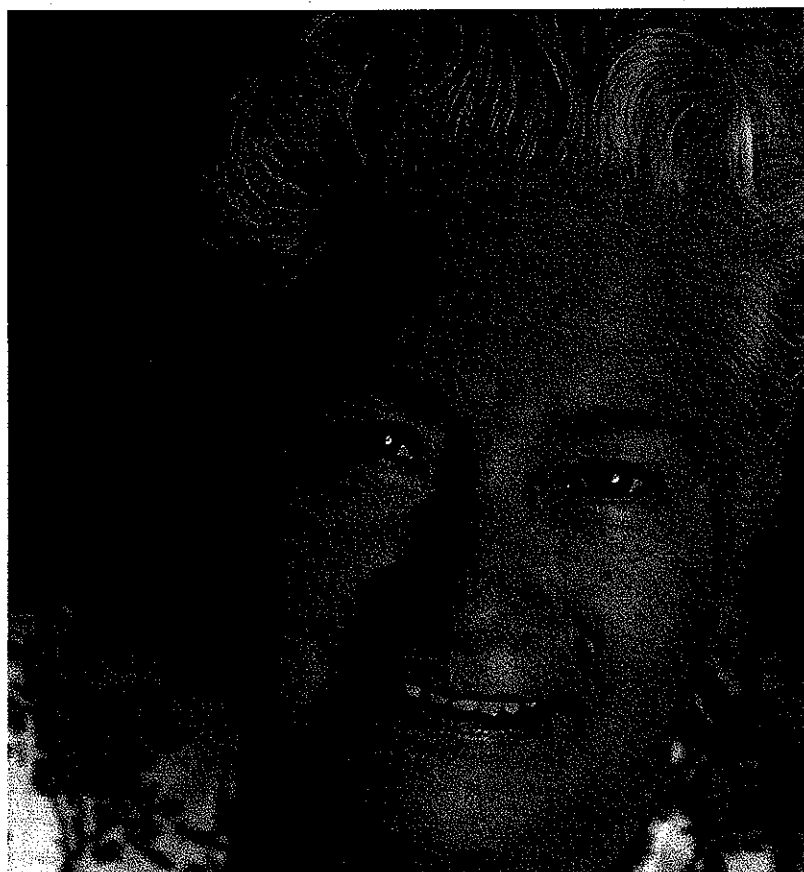
If you have not yet done so, speak with the older driver's doctor or schedule a formal driving assessment. Call your state licensing agency or consult the Insurance Institute for Highway Safety Web site (www.hwysafety.org) to learn about testing in your state.

Start the conversations today.

With sensitivity toward the feelings of older drivers, families can help the older driver make safe driving decisions and ensure peace of mind for the entire family.

Limiting or giving up driving is a difficult decision for older adults. Families can help individuals make these difficult decisions by having periodic, frank discussions about driving safety and health. Ideally, the transition from driver to passenger will happen gradually over time, allowing all family members to adjust to new circumstances. Successful family conversations begin with good preparation and caring communication.

With sensitivity toward the feelings of older drivers, families can help the older driver make safe driving decisions and ensure peace of mind for the entire family.





Warning Signs for Older Drivers

The driving behaviors listed below could cause safety problems. They are ranked from minor to serious. Many of the less serious issues may be overcome with changes in driving behavior or physical fitness, while the more serious behaviors may require your immediate action. Since driving ability seldom changes drastically in a short time, you should be able to track changes over time to get a clear picture of overall driving ability.

Here's how to use this list.

- Observe driving over time, keeping notes to help you understand **changes** in driving ability.
- Look for a **pattern** of warning signs and for an increase in the frequency of occurrence.

Driving Behavior Warning Signs – When Noticed, How Often

1. Decrease in confidence while driving.	16. Uses a "copilot."
2. Difficulty turning to see when backing up.	17. Bad judgment on making left hand turns.
3. Riding the brake.	18. Near misses.
4. Easily distracted while driving.	19. Delayed response to unexpected situations.
5. Other drivers often honk horns.	20. Moving into wrong lane.
6. Incorrect signaling.	21. Difficulty maintaining lane position.
7. Parking inappropriately.	22. Confusion at exits.
8. Hitting curbs.	23. Ticketed moving violations or warnings.
9. Scrapes or dents on the car, mailbox or garage.	24. Getting lost in familiar places.
10. Increased agitation or irritation when driving.	25. Car accident.
11. Failure to notice important activity on the side of the road.	26. Failure to stop at stop sign or red light.
12. Failure to notice traffic signs.	27. Confusing the gas and brake pedals.
13. Trouble navigating turns.	28. Stopping in traffic for no apparent reason.
14. Driving at inappropriate speeds.	29. Other signs:
15. Not anticipating potential dangerous situations.	



"Getting There" Worksheet

Prior to talking to an older driver about limiting or stopping driving, thought should be given to ways the driver can remain engaged in life's activities. No single method of transportation is likely to meet all needs. This worksheet is designed to help you identify available transportation alternatives in your area.

Family/Friends

Family and friends are the top alternative to driving for older adults. This mode of transportation may seem more familiar, comfortable and social to many older adults. That said, there may be conflicting feelings of burdening or inconveniencing others. Some older adults may want to do something in exchange for the ride.

Questions to Ask

1. Are people available to provide rides at the times required?
2. To what extent are family or friends able or willing to provide rides.
3. Do people provide the rides willingly or do they resent having to adjust their schedules?
4. Is there something the older adult can "trade" for a ride (making dinner, taking the driver to lunch, paying for gas)?

Notes:

Local Programs that Offer Rides

These are locally developed programs, often sponsored by faith-based or non-profit organizations, which provide rides for older adults. They may charge nominal fees or accept donations and often operate with the help of volunteer drivers.

Questions to Ask

1. What programs are available in my area?
2. Is there a cost?
3. What hours and days of the week does the service run?
4. What are the routes or areas of service?
5. Are there limits to the number of rides in a given time period?
6. Is there any assistance available to people with physical or other health constraints?
7. Is there assistance for people with bags, etc.?
8. Is pre-registration with the service required?
9. Are wheelchair lifts available?

Notes:

Demand-Responsive Services or Paratransit

Often referred to as the Dial-a-Ride or Elderly and Disabled Transportation Service, these programs are almost always subsidized by government funds and provide door-to-door service and offer rides by appointment. Fees or donations are common. Many use vans and offer accessible services for riders with special needs.

Questions to Ask

1. Is there a minimum age or other physical or cognitive criteria for using the service?
2. How much does it cost?
3. Can an account be set up in advance with the service?
4. How far in advance do reservations need to be made?

continued

“Getting There” Worksheet (cont.)

Private Program Services

Services such as adult day centers, housing programs, stores, malls, or other businesses may offer transportation for program participants or customers.

Questions to Ask

1. What ride destinations are provided?
2. Is there a cost?
3. What hours does the service run?
4. What are the routes?
5. Is there any assistance available to people with physical or other health constraints?
6. Is there assistance for people with bags, etc.?
7. Is pre-registration with the service required?
8. Are wheelchair lifts available?

Notes:

Taxi/Car Service

These private services offer flexible scheduling and charge a fee. Many older adults may perceive these services as “expensive” or “a luxury” but they can cost much less than owning and maintaining a car. Some taxi/car services may be willing to set up accounts that allow other family members to pay for services.

Questions to Ask

1. How much does it cost?
2. How is the cost calculated?
3. How long in advance should I call for a ride?
4. Do you offer any guarantee on response time?
5. Are there geographic limits to where you provide service?
6. Can an account be set up in advance with the service?
7. How are tips handled with an account system?

8. Will drivers provide assistance with bags, packages, etc.?
9. Can the service accommodate wheelchairs?

Notes:

Mass Transit

Public transportation, where available, can be an affordable option for some older adults.

Questions to Ask

1. How much does it cost?
2. Are there discounts for older/disabled people?
3. Can an account be set up in advance with the service? Or are there monthly passes?
4. What hours does the service run?
5. What geographic area does the service cover?
6. Will drivers provide assistance with bags, packages, etc.?
7. Can companions accompany the person on the service?
8. Are wheelchair lifts available?
9. Does the older adult have cognitive or physical limitations that prevent him or her from using this mode of transportation?

Notes:



Transportation Cost Worksheet

Owning and operating a vehicle can be more expensive than you think! By writing down your actual expenses, you can get an idea of how much money could be available for alternative transportation if you were to stop driving.

To determine the annual expense to own and operate a car, list all the related expenses below. Don't forget to multiply by 12 for monthly expenses, or by 52 for weekly expenses. For less frequent expenses, such as tires, estimate the cost and divide by the number of years between expenses. Once you have the annual expense for owning and operating the vehicle, you can get a better idea of how much you are already spending on transportation.

Vehicle Cost Per Year	Annual Cost
Car/Lease Payment	
Regular Operating Expenses	
• Gas.....	
• Washer Fluid	
• Parking	
• Tolls.....	
• Other.....	
Regular Maintenance	
• Oil Changes	
• Minor Tune-ups	
• Wiper Blades	
• Lights	
• Car Wash/Wax.....	
• Other.....	
Long-Term Maintenance <i>(estimate the cost and divide by the number of years between expenses)</i>	
• Tires	
• Brakes	
• Major Tune-ups	
• Repair/Replace Parts	
• Other.....	
Insurance – Annual Cost	
Motor Club/Roadside Assistance	
Registration/License Plate Fees	
License Fees	
Vehicle Inspection/Emissions Fees	
Total Cost Per Year	\$

Web Resources

Hartford/MIT At the Crossroads: A Guide to Alzheimer's Disease, Dementia & Driving
www.thehartford.com/alzheimers

MIT AgeLab
web.mit.edu/agelab

AARP Driver Safety Program
www.aarp.org/drive
1-888-227-7669

National Highway Traffic Safety Administration
www.nhtsa.gov

National Safety Council
www.nsc.org
www.TheDefensiveDrivingSchool.com

Certified Driver Rehabilitation Specialists
www.driver-ed.org

Eldercare Locator
www.eldercare.gov

Insurance Institute for Highway Safety
www.hwysafety.org

American Medical Association Guidelines for Older Drivers
www.ama-assn.org/ama/pub/category/8925.html

American Occupational Therapy Association
www.aota.org

Survey Data Collection

In Spring 2002, we sent written questionnaires to a sample of 7,200 home-dwelling adults aged 50 and older living in the United States. The sample was stratified by age and was selected from a pool of participants in an ongoing consumer marketing panel about whom we had some preliminary demographic information. For the purposes of this study, drivers were considered to be people who were licensed to drive and had driven an automobile at least once in the previous 12 months. Participants were offered a \$1 incentive to complete the questionnaire. Of the total questionnaires sent, we had 3,824 returned for a 53 percent response rate.

To correct for some of the differences between the sample and the population as a whole, the data are weighted to 2001 Current Population Study quotas on gender, age, region, household designation, and household size. More precisely, the sample is representative of adult drivers aged 50 and older who live in households headed by someone 50 or older. Results reported here are based on the weighted data.

The Hartford/MIT AgeLab Partnership

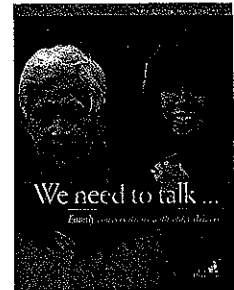


In 1999, The Hartford became a founding sponsor of the MIT AgeLab, creating the Safe Driving for a Lifetime partnership. Dr. Joseph Coughlin of MIT and the Corporate Gerontology Group at The Hartford are committed to producing original research that can expand the understanding of older drivers and their families as they deal with changes in driving abilities. Through professional meetings and public education, the Hartford/MIT AgeLab partnership has successfully reached millions of people in the United States and across the globe with high-quality, meaningful information to guide important decisions about safe driving.

You can also visit us on the Web at:
www.thehartford.com/talkwitholderdrivers

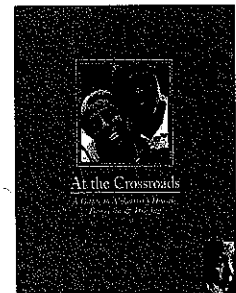
To obtain additional copies of this free brochure,
use the convenient order form on the Web site, or
write to:

The Hartford
Family Conversations with
Older Drivers
200 Executive Boulevard
Southington, CT 06489

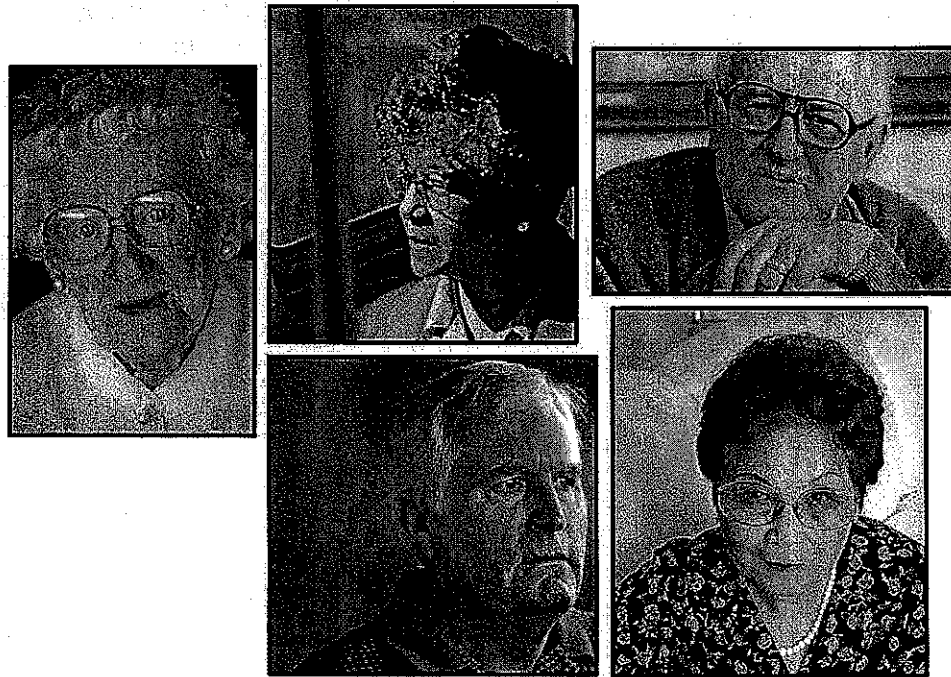


For information on dementia and driving, visit
www.thehartford.com/alzheimers. To obtain a free
copy of the *At the Crossroads: A Guide to Alzheimer's
Disease, Dementia & Driving* brochure, use the
convenient order form on the Web site, or write to:

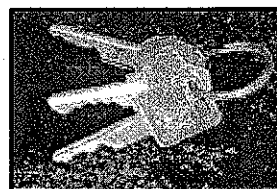
The Hartford
At the Crossroads
200 Executive Boulevard
Southington, CT 06489



This guide is designed to educate readers and assist them in analyzing
older driver safety. It is not intended to be an exhaustive source or to
relate to any particular driving situation. Readers are advised to con-
sult the necessary professionals to assist them in analyzing their driving
situation and to refer to the sources identified in the section entitled
"Web Resources" for additional information.



AGING AMERICANS: STRANDED WITHOUT OPTIONS



Linda Bailey
Surface Transportation Policy Project
April 2004

AGING AMERICANS: STRANDED WITHOUT OPTIONS

EXECUTIVE SUMMARY

The demographics of the United States will change dramatically during the next 25 years as more baby boomers reach their 60s, 70s and beyond. The U.S. Census Bureau projects that the number of Americans age 65 or older will swell from 35 million today to more than 62 million by 2025 - nearly an 80 percent increase. As people grow older, they often become less willing or able to drive, making it necessary to depend on alternative methods of transportation.

Unfortunately, the United States is currently ill prepared to provide adequate transportation choices for our rapidly aging population. Alternatives to driving are sparse, particularly in some regions and in rural and small town communities. As the number of older people increases, so too will their mobility needs. How the nation addresses this issue will have significant social and economic ramifications.

This report presents new findings based on the National Household Transportation Survey of 2001 and places them in the context of other research on mobility in the aging population.

MAJOR FINDINGS:

More than one in five (21%) Americans age 65 and older do not drive. Some reasons include:

- Declining health, eyesight, physical or mental abilities;
- Concern over safety (self-regulation);
- No car or no access to a car;
- Personal preference.

More than 50% of non-drivers age 65 and older - or 3.6 million Americans - stay home on any given day partially because they lack transportation options. The following populations are more heavily affected:

- Rural communities and sprawling suburbs;
- Households with no car;
- Older African-Americans, Latinos and Asian-Americans.

Older non-drivers have a decreased ability to participate in the community and the economy. Compared with older drivers, older non-drivers in the United States make:

- 15% fewer trips to the doctor;
- 59% fewer shopping trips and visits to restaurants;
- 65% fewer trips for social, family and religious activities.

For trips outside their immediate neighborhood, public transportation is the only alternative to asking for a ride for many non-drivers. Where public transportation is available, older Americans make regular use of it.

- Public transportation trips by older non-drivers totaled an estimated 310 million in 2001;
- Older minority populations account for a significant share of these trips, with older African-Americans and Latinos more than twice as likely to use public transportation as their white counterparts.

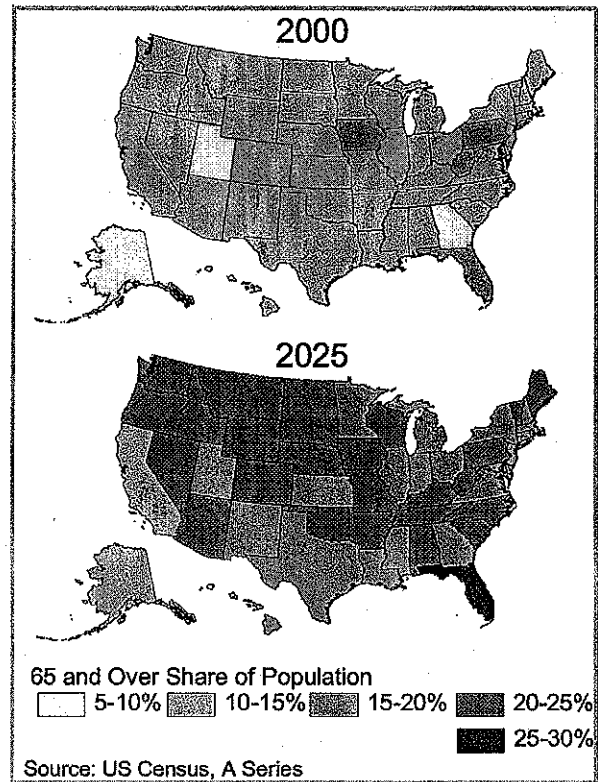
A safe and inviting walking and bicycling environment provides mobility and health benefits to many older Americans.

- More than half of older Americans make walking a regular activity, and nearly two-thirds walk a half mile at least once a month.
- Four percent of older Americans ride a bicycle at least once a week.
- Research shows that moderate exercise, such as walking or bicycling, can contribute significantly to a healthy lifestyle.
- Improving the walking and bicycling environment is a priority for the general public.

Older People: A Growing Part of the U.S. Transportation Market

The demographic shape of the U.S. population will shift dramatically in the next 20 years, and transportation agencies will find themselves confronted with a very different customer base. In 2002, 12 percent of the U.S. population was 65 or older. By 2025, the number of seniors will have gone up by 79 percent, and an estimated 18 percent of the population will be 65 or older. The U.S. Census estimates the total population of people aged 65 and over to be 62 million in the year 2025. In 26 states, more than 20 percent - one in five residents - will be over the age of 65.

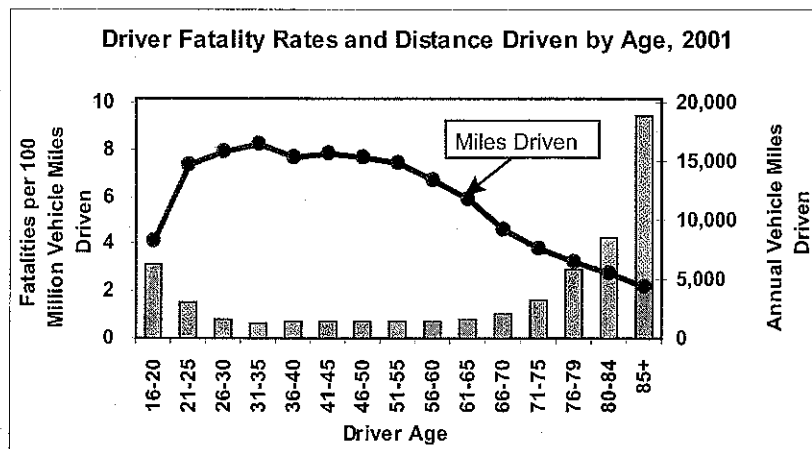
Most older adults in 2025 will have spent their adult life getting around by driving, and in many cases, will have chosen a home in a place where the only transportation mode available is the automobile. People aging in spread-out suburbs will soon be facing the transportation challenges that rural Americans already confront: friends, stores and family are far away and often connected only by car.



Fragility, Self-Limitation Challenge Driving as an Option

Older drivers are more likely than younger drivers to be killed in car crashes relative to the miles they drive, even though drivers aged 75 and over are involved in only about 3 percent of all crashes. Fragility is the largest single cause of this increased mortality (Li, Braver and Chen, 2003). Drivers aged 85 and older have a fatality rate that is 9 times higher than drivers aged 25 to 69 for each mile driven ("Travel Safety Facts 2000: Older Population" NHTSA). The graph at right shows the rates of driver fatalities, by age, per mile driven in 2001. The rate of fatalities begins to climb after age 65, while the total number of miles driven (black line) goes down.

The drop in commuter miles after retirement may explain part of the reduction in overall mileage. However, many people also choose to reduce



Graph shows increased fatalities per mile driven juxtaposed with decreasing miles driven for drivers of different ages.
Sources: NHTS 2001, FARS

Nearly two-thirds of older adults walk a half mile at least once a month (Omnibus Survey, October 2003). Four percent, or 1.1 million, ride a bicycle at least once a week (NHTS 2001). About one in ten uses public transportation at least once a month. So why don't older adults simply make up for driving with walking and public transportation when they are not able to drive?

Public Transportation

For many non-drivers, public transportation is the only alternative to asking for a ride when they are going somewhere outside their immediate neighborhood. However, most U.S. residents still do not have the option of using public transportation to get places. In 2001, just half – 49 percent – of all Americans reported that they have public transportation service (American Housing Survey, 2001). In 1995, a quarter of rural counties had below average public transportation service, and 41 percent had none at all (CTAA, 1995).

Where public transportation is more available, however, it is highly used (see graph, page 9). Many older non-drivers take public transportation every day. In fact, they complete an estimated 310 million trips per year (NHTS 2001). The systems that provide these everyday services depend on reliable funding from various levels of government. The U.S. Department of Transportation estimates that maintaining the current public transportation system requires an annual capital investment of \$14.8 billion, an increase of 30 percent over current levels from all funding sources (US DOT, 2002). The cost of improving public transportation service is estimated at \$43.9 billion annually, more than double the current funding level (Cambridge Systematics, 2002). Federal funding for public transportation has increased an average of 2.1 percent annually since 2001.

Public Transportation Services for People with Disabilities

Under the Americans with Disabilities Act (ADA), every public transportation agency is required to provide complementary paratransit service along fixed routes for people whose disabilities prevent them from using fixed route service. But for those living away from fixed routes, there is no guarantee of access to any public transportation service. And the public transportation agency is under no obligation to provide access for older people without disabilities. For older adults, frailty or a chronic condition may rule out the use of traditional public transportation even though they are not eligible for paratransit under the ADA.

Human Services Transportation

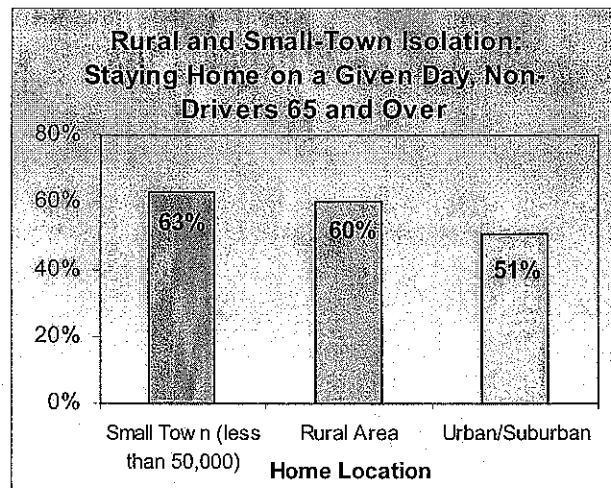
A portion of the federal public transportation budget is devoted to providing human services transportation for older people and people with disabilities, primarily by enabling human service agencies to purchase vehicles. The Federal Transit Agency's Elderly and Persons with Disabilities Formula Program, also known as "Section 5310," was funded at \$90.6 million in 2004, or 0.23 percent of all federal trans-

when they are in an accident (Lyman, Ferguson, Braver & Williams, 2002). Older people are among the first to suffer increased injuries and fatalities when streets and highways are not safe.

The Federal Highway Administration has developed guidelines for engineering streets for maximum safety for drivers, such as eliminating difficult turns, making signs easier to see, and improving lighting and pavement markings (FHWA, 2003). At the same time, it is critical to make improvements for people on foot. In neighborhoods, traffic roundabouts and other traffic calming devices have been found to dramatically increase safety by reducing speeds and increasing visibility of other vehicles, pedestrians, and bicyclists. Building and maintaining sidewalks along roadways creates a safe place to walk. Crossing the street can be made safer with a walk signal. Existing crosswalks can be improved by lengthening signal times to allow people to cross more slowly, and by building "refuge" islands on the median so that people who only cross halfway have a safe place to wait for the next walk signal.

Disparate Impacts: Rural, African-American, Latino and Asian-American Populations More Isolated

Rural and small-town older Americans who do not drive are more likely to stay home on a given day, as shown on the graph, right. In effect, these non-drivers are much less likely to get out than their urban and suburban counterparts, reducing their contact with the community. Spread-out land development patterns and poverty in rural areas are primary factors in staying home for older non-drivers. When it is available, public transportation contributes significantly to the mobility of older rural non-drivers. However, public transportation is considerably less available in rural areas and small towns than in larger cities and their suburbs. Bicycling and walking facilities, such as sidewalks, benches and bicycle paths, are also often lacking.

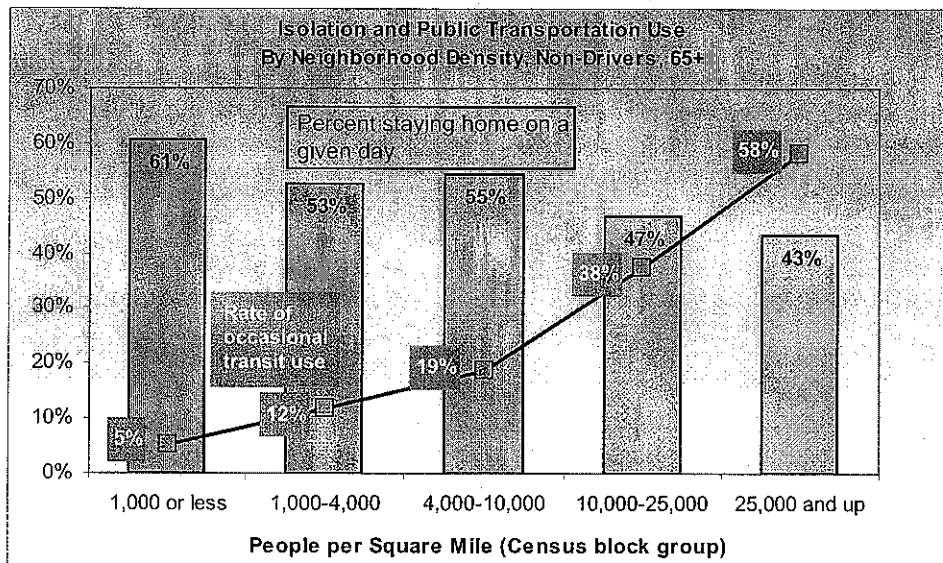


African-American, Latino, and Asian-American elders are disproportionately affected by the lack of options because many more do not drive. While just 16 percent of white persons 65 and over do not drive, 42 percent of older African-Americans, 39 percent of older Latinos, and 45 percent of older Asian-Americans do not drive. This may explain why over a third of the total population of older Latinos, African-Americans and Asian-Americans stay home on any given day - 34, 36 and 38 percent, respectively. In comparison, just 22 percent of all older white people stay home on any given day (see graph, next page).

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The range of neighborhood (block-group level) densities shown on the graph are representative of most metropolitan areas covered by the National Household Travel Survey. Even low-density metropolitan areas such as Atlanta contain some neighborhoods with a density of 25,000 or more people per square mile. (Population density is used here as a stand-in for other measures of land use because of data availability.)

Many more older non-drivers are occasional public transportation users in higher density neighborhoods, as shown in the graph. Similarly, older non-drivers in more densely built neighborhoods are much more likely to walk on a given day. While about one in three - 35 percent - of older non-drivers living in the densest neighborhood category walk somewhere on a given day, just 8 percent, or 1 in 13, of those living in the most sprawling or rural neighborhoods walk on a given day.



NHTS 2001, STPP Analysis

Next Steps to Better Mobility for Older People

Communities across the country need to work hard to serve a growing older population. Thinking now about how to provide safe mobility will save communities time and money in the future. Such planning now for the mobility of people who will be 65 and older in twenty years will help reduce unnecessary isolation and dependence in the future.

Transportation is one part of getting people to the places they want to be. Community design and land use planning are the larger picture: creating places where older people are able to get around safely and easily, whether by using public transportation or by walking to destinations that are closer to home.

Below are some recommendations for policy-makers that will help make transportation a part of the solution:

Public Transportation

- **Public transportation:** Substantially increase public transportation agencies' funding to provide better public transportation options for everyone. Public transportation agencies need support for improving their services to meet the growing needs of older people and people with disabilities in both metropolitan and rural areas.
- **Senior transportation:** Increase funding and flexibility for existing programs that provide mobility for older people. Significant among these is the Federal Transit Administration's Section 5310 program for the elderly and persons with disabilities, currently funded at \$90.6 million per year. Explore alternatives, such as volunteer driver programs.

Planning and Coordination

- **Better Planning:** Communities and transportation agencies need to start planning now to integrate mobility for the aging population into transportation projects, services, and streets. Land use planning should be coordinated with transportation planning.
- **Improved Coordination:** Support coordination among human services agencies, and between those agencies and transportation agencies at the federal, state and local levels.

Roadway and Street Improvements

- **Complete Streets:** Make streets safe and inviting to walk and bicycle as well



Photo: www.pedbikeimages.org/Dan Burden

Notes on Methodology

Unless specifically mentioned otherwise, figures provided are based on STPP's analysis of the 2001 National Household Travel Survey (NHTS 2001). The NHTS consists of a national travel survey and travel diary tracking daily mobility across a representative range of geographies and regions.

For the regional analysis, census divisions were used because of the sampling model of the NHTS in 2001. Information is presented at the metropolitan level as much as possible. Metropolitan areas include cities, their suburbs, and the counties that include them. State maps showing metropolitan area boundaries can be found at: <http://www.census.gov/geo/www/mapGallery/stma99.pdf>

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**Worst Areas of the Country for Isolation of Non-Drivers 65
and Over, Ranked**

Ranking	Area (Census Division)	Non-Drivers 65+ Staying Home	States
#1	East South Central	69%	Alabama, Kentucky, Mississippi, Tennessee
#2	West South Central	68%	Arkansas, Louisiana, Oklahoma, Texas
#3	West North Central	59%	Kansas, Iowa, Minnesota, Missouri, Nebraska, North Dakota, South Dakota
#4	South Atlantic	57%	Dist. of Columbia, Delaware, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia
#5	East North Central	53%	Illinois, Indiana, Michigan, Ohio, Wisconsin
#6	Pacific	48%	Alaska, California, Hawaii, Oregon, Washington
#7	New England	47%	Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont
#8	Middle Atlantic	46%	New Jersey, New York, Pennsylvania
#9	Mountain	44%	Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, Wyoming

Source: NHTS 2001. See also map, page 10, above.

Driving among 65 and Over Population, Transit Service, and Federal Transit Spending Selected Metropolitan Areas

Metropolitan Area (MSA/CMSA)	Non-Drivers 65+ Staying Home	Percent of 65+ who are Non- Drivers	Estimated Population of Non-drivers 65+ (2000)	2002 Transit Service (Revenue Service Miles) (000s)	Service-Hours per Person 65 and Over	Average Annual Transit Spending, 98-01, Federal
Atlanta, GA MSA	N/A	32%	99,516	55,729	178	\$124,553,049
Austin-San Marcos, TX MSA	N/A	10%	9,157	17,801	195	\$15,725,140
Boston-Worcester-Lawrence, MA-NH-ME-CT CMSA	N/A	19%	140,888	99,495	136	\$155,903,682
Buffalo-Niagara Falls, NY MSA	N/A	23%	41,749	9,582	52	\$10,377,158
Chicago-Gary-Kenosha, IL-IN-WI CMSA	57%	28%	278,436	215,161	216	\$284,540,150
Cincinnati-Hamilton, OH-KY-IN CMSA	N/A	15%	33,756	18,089	78	\$24,964,775
Cleveland-Akron, OH CMSA	N/A	9%	39,019	37,083	88	\$50,307,037
Dallas-Fort Worth, TX CMSA	N/A	16%	66,534	54,522	129	\$189,061,737
Denver-Boulder-Greeley, CO CMSA	N/A	24%	54,750	47,107	205	\$79,192,730
Detroit-Ann Arbor-Flint, MI CMSA	N/A	20%	129,581	48,160	75	\$44,866,765
Honolulu, HI MSA	53%	31%	36,234	25,294	215	\$25,956,531
Houston-Galveston-Brazoria, TX CMSA	N/A	19%	69,247	61,420	171	\$104,696,265
Indianapolis, IN MSA	N/A	13%	22,394	8,979	51	\$15,113,297
Kansas City, MO-KS MSA	N/A	24%	48,058	11,884	59	\$15,578,257
Las Vegas, NV-AZ MSA	N/A	23%	43,016	22,329	121	\$13,812,580
Los Angeles-Riverside-Orange County, CA CMSA	53%	22%	357,597	234,238	145	\$317,972,580
Miami-Fort Lauderdale, FL CMSA	N/A	27%	153,590	83,927	149	\$109,248,103
Milwaukee-Racine, WI CMSA	52%	19%	40,862	29,836	141	\$27,381,201
Minneapolis-St. Paul, MN-WI MSA	N/A	15%	41,423	42,443	149	\$73,353,840
New York-Northern New Jersey-Long Island, NY-NJ-CT-PA CMSA	48%	37%	1,024,230	821,416	305	\$1,197,320,673
Philadelphia-Wilmington-Atlantic City, PA-NJ-DE-MD CMSA	N/A	26%	221,069	99,615	119	\$144,831,412
Phoenix-Mesa, AZ MSA	N/A	15%	57,634	29,687	77	\$34,868,002
Pittsburgh, PA MSA	N/A	32%	134,584	48,479	116	\$93,107,766
Portland-Salem, OR-WA CMSA	N/A	18%	44,289	42,056	174	\$97,414,085
Rochester, NY MSA	N/A	20%	27,759	6,778	48	\$10,736,213
Sacramento-Yolo, CA CMSA	N/A	20%	40,269	15,243	75	\$33,603,655
San Antonio, TX MSA	N/A	19%	32,968	28,462	167	\$26,485,721
San Diego, CA MSA	N/A	31%	98,972	47,302	150	\$37,367,691
San Francisco-Oakland-San Jose, CA CMSA	N/A	23%	177,569	195,418	250	\$447,304,936
Seattle-Tacoma-Bremerton, WA CMSA	N/A	21%	77,611	94,402	258	\$149,014,410
St. Louis, MO-IL MSA	N/A	21%	69,289	31,909	95	\$86,428,190
Tampa-St. Petersburg-Clearwater, FL MSA	N/A	21%	97,420	18,313	40	\$16,105,293
Washington-Baltimore, DC-MD-VA-WV CMSA	66%	27%	210,413	166,317	216	\$370,028,681
West Palm Beach-Boca Raton, FL MSA	N/A	15%	39,195	-	-	N/A

Source: NHTS 2001. Metropolitan areas generally include cities, their suburbs, and the counties they are in.